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NOV 30 2006

PATENT
SIE03 P-649A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit : 3651
Examiner : James R. Bidwell
Applicant : Robert L. Stone
Serial No. : 10/720,581
Filed : November 24, 2003
For : SENSORS FOR ARTICLE SORTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: 571-273-8300

Dear Sir:

RESPONSE

Responsive to the Office Action mailed September 7, 2006, Applicant wishes to amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

Via Facsimile No. (571) 273-8300

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P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile (571) 273-8300

Dear Sir:


CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent and
Trademark Office on the date shown below:

1. Claims as Amended Transmittal Sheet (1 page, in duplicate)
2. Response (6 pages)

YOU SHOULD RECEIVE A TOTAL OF 9 PAGES

Dated: November 30, 2006.


Elaine L. Leva
Van Dyke, Gardner, Linn & Burkhart, LLP
P.O. Box 888695
Grand Rapids, MI 49588-8695
(616) 975-5500

TAF/cil

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Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2		Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	14	Minus	26	= 0	x \$25	\$.00	x \$50	\$.00	
Independent Claims	1	Minus	2	= 0	x \$100	\$.00	x \$200	\$.00	
First Presentation of Multiple Dependent Claims						\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT							\$.00		\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
 A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: November 30, 2006

By Timothy A. Flory
 Timothy A. Flory, Registration No. 42 540
 2851 Charlevoix Drive, S.E.
 P.O. Box 888695
 Grand Rapids, Michigan 49588-8695
 (616) 975-5500

TAF/ell

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